

FORM PTO-1449 (modified)			
To: U.S. Patent and Trademark Office			
<b>Information Disclosure Statement by Applicant</b>			

Attorney Docket No.: 2545-0476
Applicant: SERNESI et al.
Appln. S.N.: 10/1539579
Filing Date: June 17, 2005
Examiner:
Group Art Unit:

Date: June 17, 2005

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**U.S. PATENT/PATENT APPLICATION DOCUMENTS**

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
	AR	2005/0045263	03/2005	Heuft			09/2002
	BR	5,858,143	01/1999	Bright			
	CR						
	DR						
	ER						
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

**FOREIGN PATENT DOCUMENTS**

		Document Number	Date MM/YY YY	Country	Inventor Name	Enclosed/Cited Above	N O	English Abstract	Translation Readily Available?
	OR	DE20115480	05-2002	Germany	Heuft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PR	EP1197468	04/2002	Europe	Robino	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	QR	DE19927668	12/2000	Germany	Dallabetta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	RR	FR2342207	09/1977	France	Kronseder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SR	EP1205388	05/2002	Europe	Kramer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	TR	WO0158763	08/2001	PCT	Perez	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)**

YR							
ZR							
AAR							
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